

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **203**  
12  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Joseph</b> TOWN		c. LENGTH OF STAY (In this place) <b>44 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Joseph</b> TOWN		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2018 Jones Street</b>				d. STREET ADDRESS (If rural, give location) <b>2018 Jones Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Pearl</b>		a. (First)		b. (Middle) <b>Chaney</b>		c. (Last)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>September 8, 1875</b>	
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Cheyenne, Wyoming</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Chaney</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie ? Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Della Tineley</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis - cause ?</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(said to have had "gall bladder attacks")</b> DUE TO (c) <b>I saw this patient for 1st time 15 minutes prior to death. She was in extremis. Had been ill 5 days. No doctor had seen her.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5501</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perhaps peritonitis due to perforated appendix or gall bladder</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 3, 1951</b> , to <b>Jan 3, 1951</b> , that I last saw the deceased alive on <b>Jan 3, 1951</b> , and that death occurred at <b>10:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. L. Senon M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>1-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 6, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Long Branch</b>		24d. LOCATION (City, town, or county) (State) <b>Andrew County, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 5, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		GENERAL DIRECTOR'S SIGNATURE <b>Walter Meierhoffer</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \*\*\*\*\*

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\*\*\*\*\*

working under my personal supervision.

Student Embalmer No. .... \*\*\*\*\*

Signed.....

Signed..... \*\*\* \*\*\*\*  
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.